



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH PAOLI HOSPITAL

City of Hospital: Paoli

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

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Medicare Provider Number: 15-1306

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$4124506
Outpatient Patient Service Revenue	\$52185836
Total Gross Patient Service Revenue	\$56310342

2. Deductions From Revenue

Contractual Allowance	\$33179459
Other Deductions	\$-2378643
Total Deductions	\$30800816

3. Total Operating Revenue

Net Patient Service Revenue	\$25509526
Other Operating Revenue	\$225726
Total Operating Revenue	\$25735252

4. Operating Expenses

Salaries and Wages	\$7617546	Employee Benefits	\$2001217
Depreciation and Amortization	\$1161410	Interest Expense	\$6
Bad Debt	\$1891167	Other Expenses	\$13024249
Total Operating Expenses	\$25695595		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$39657	Total Assets	\$40430051
Net Non-operating Gains over Loss	\$978146	Total Liabilities	\$40430051

Total Net Gains	\$1017803
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$22948131	\$14435102	\$8513029
Medicaid	\$15100184	\$13961415	\$1138769
Other Government	\$697296	\$440471	\$256825
Other State	\$0	\$0	\$0
Other Payers	\$17564731	\$1963828	\$15600903
Total	\$56310342	\$30800816	\$25509526

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$39338	\$-39338

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$229464	\$-229464
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	3332

Statement Six: Charity Statement

Hospital Charity Charges	\$1795128
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$700279	
HCI Payments	\$0		
Subtotal	\$0	\$700279	\$-700279
Medicaid Shortfalls	\$6557640	\$6557640	
Subtotal	\$6557640	\$7257919	\$-700279
DSH Payments	\$0		
Subtotal	\$6557640	\$7257919	\$-700279
Medicare Shortfalls	\$7443807	\$7799001	
Other Government Programs	\$0	\$0	
Total	\$14001447	\$15056920	\$-1055473

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$407797	\$-407797
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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